

Name
in
Full

Ideline E. Atkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

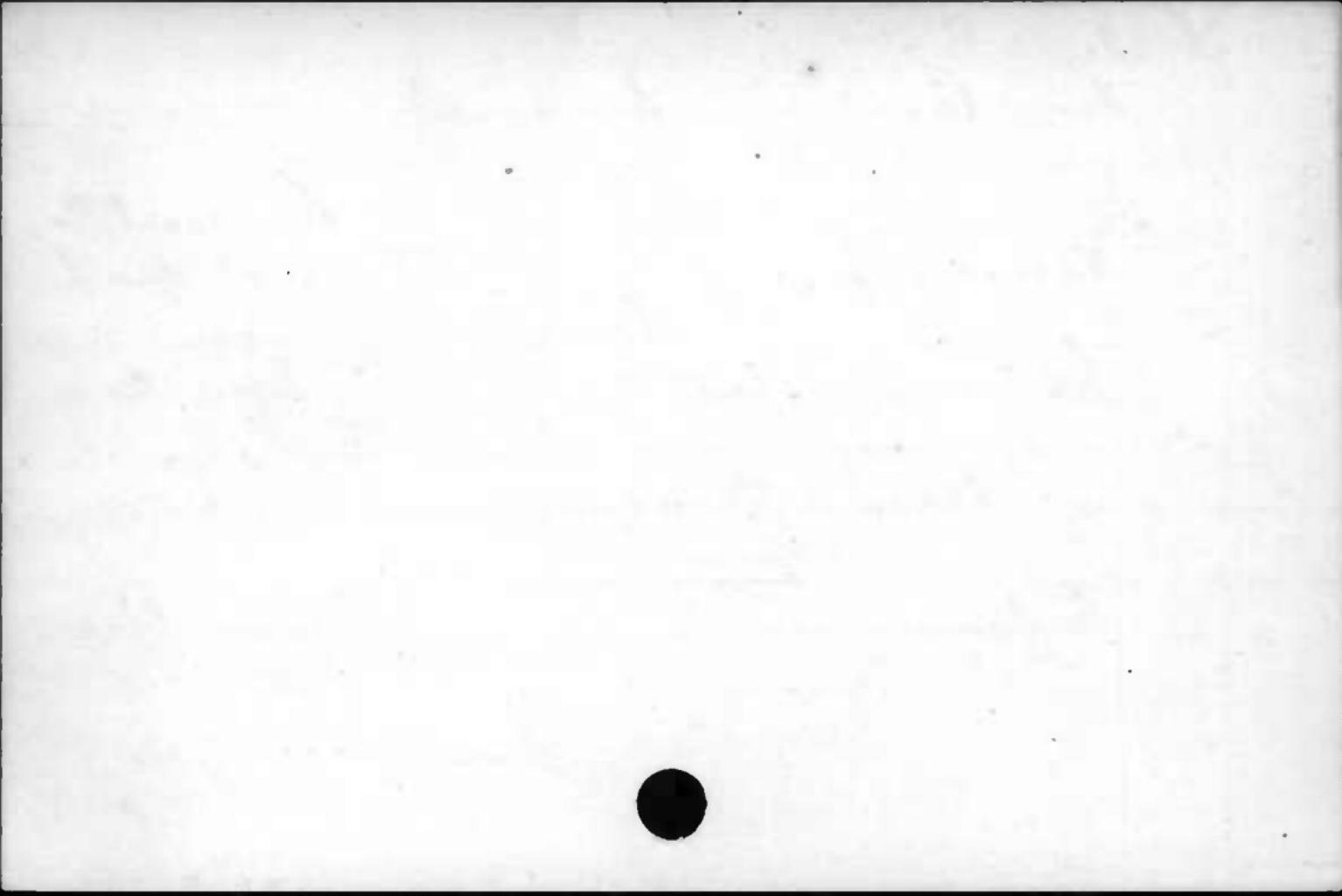
Died at <u>Tenor West, Pa., Somerset</u>				County <u>MARYLAND</u>		
Date of death <u>1906</u>	Month <u>7</u>	Day <u>21</u>	Years <u>82</u>	Months <u>11</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death			<u>Place of death</u>		
<u>Widowed</u>	Name <u>Levin Miller</u> or Husband	<u>Samuel Atkinson</u>				
Father's Name <u>Levin Miller</u>	Father's Birthplace <u>Som. Co.</u>					
Mother's Maiden Name <u>Nancy Samuelson</u>	Mother's Birthplace <u>Som. Co.</u>					
Name of person giving information <u>Levin Atkinson</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infirmities of age</u>	How long <u>Several Years</u>
Immediate <u>Insanity</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	
Yes	Signature of Physician <u>Chas. W. Wainwright</u> Address <u>Princess Anne</u> <u>Md.</u>

Chas. W. Wainwright



Name
in
Full

Mollie Barnes-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kingston</u> Town	County <u>Somerset</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>27</u>	Years <u>22</u>	Months	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pennsylvania</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Kingston Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Enoch Barnes</u>	Father's Birthplace <u>Pennsylvania</u>			
Father's Name <u>Benjamin Williams</u>	Mother's Birthplace <u>Pennsylvania</u>				
Mother's Maiden Name <u>Kristie Green</u>	How related to deceased				Husband
Name of person giving information <u>Enoch Barnes</u>					

CAUSES OF DEATH

Primary

Child birth

(XO)

How long

5 days

Immediate

Heart Failure

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Bob Bill

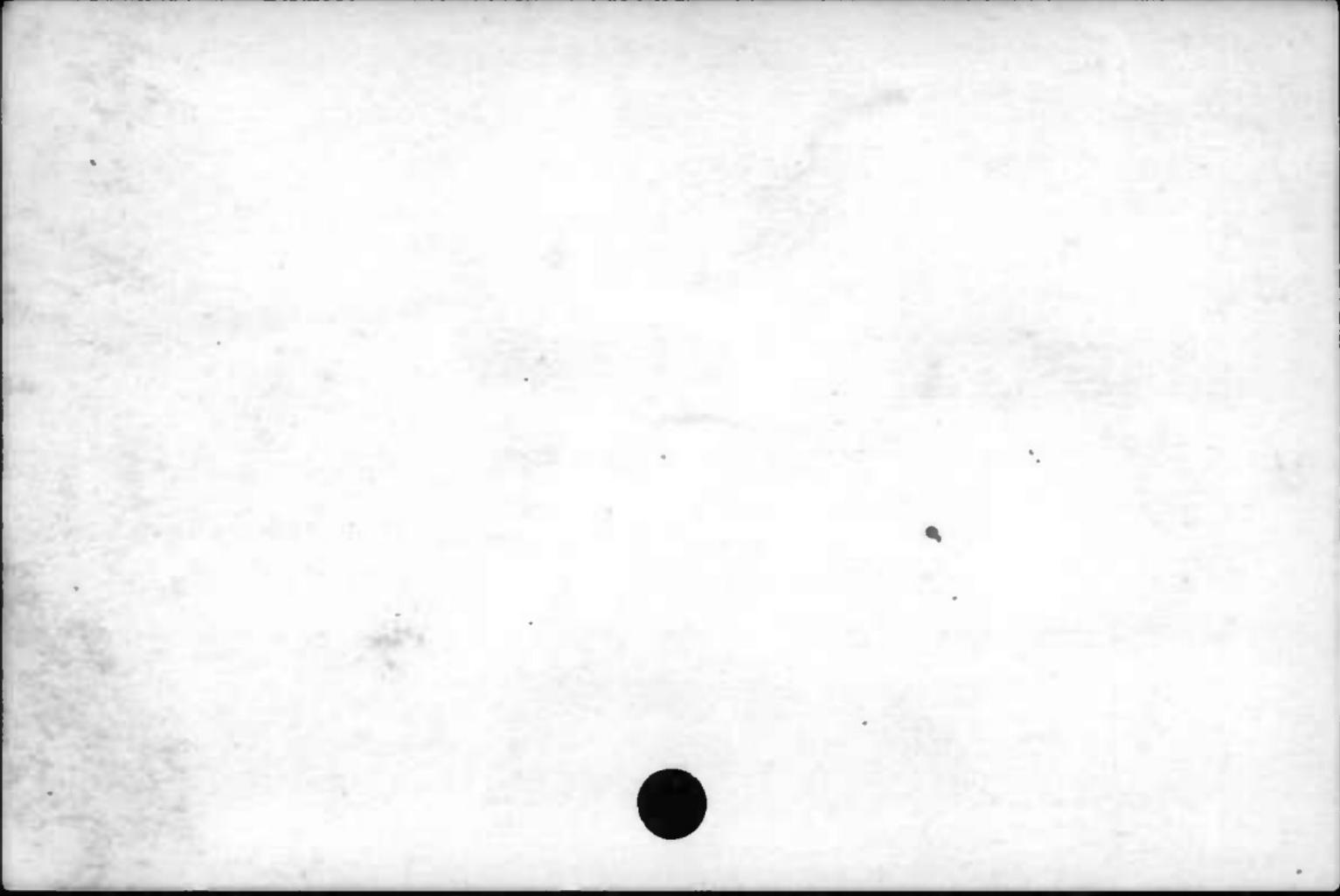
Maria

Did

PHYSICIAN
OR CORONER

Accident or Suicide?

Accident



Name
in
Full

Henry Boyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Marumoco	County Somerset	MARYLAND		
Date of death	Month 7	Day 23	Age 1	Months 1	Days 0
Sex	Male	Color or Race Colored	Birth- place Marumoco		
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband —			
Father's Name	Henry Boyer		Father's Birthplace Somerset Co		
Mother's Maiden Name	Tenny Lake		Mother's Birthplace "		
Name of person giving Information	Arthur Boyer		How related to deceased Uncle		

CAUSES OF DEATH

Indigestion (104) How long 2 weeks

How long

—

—

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

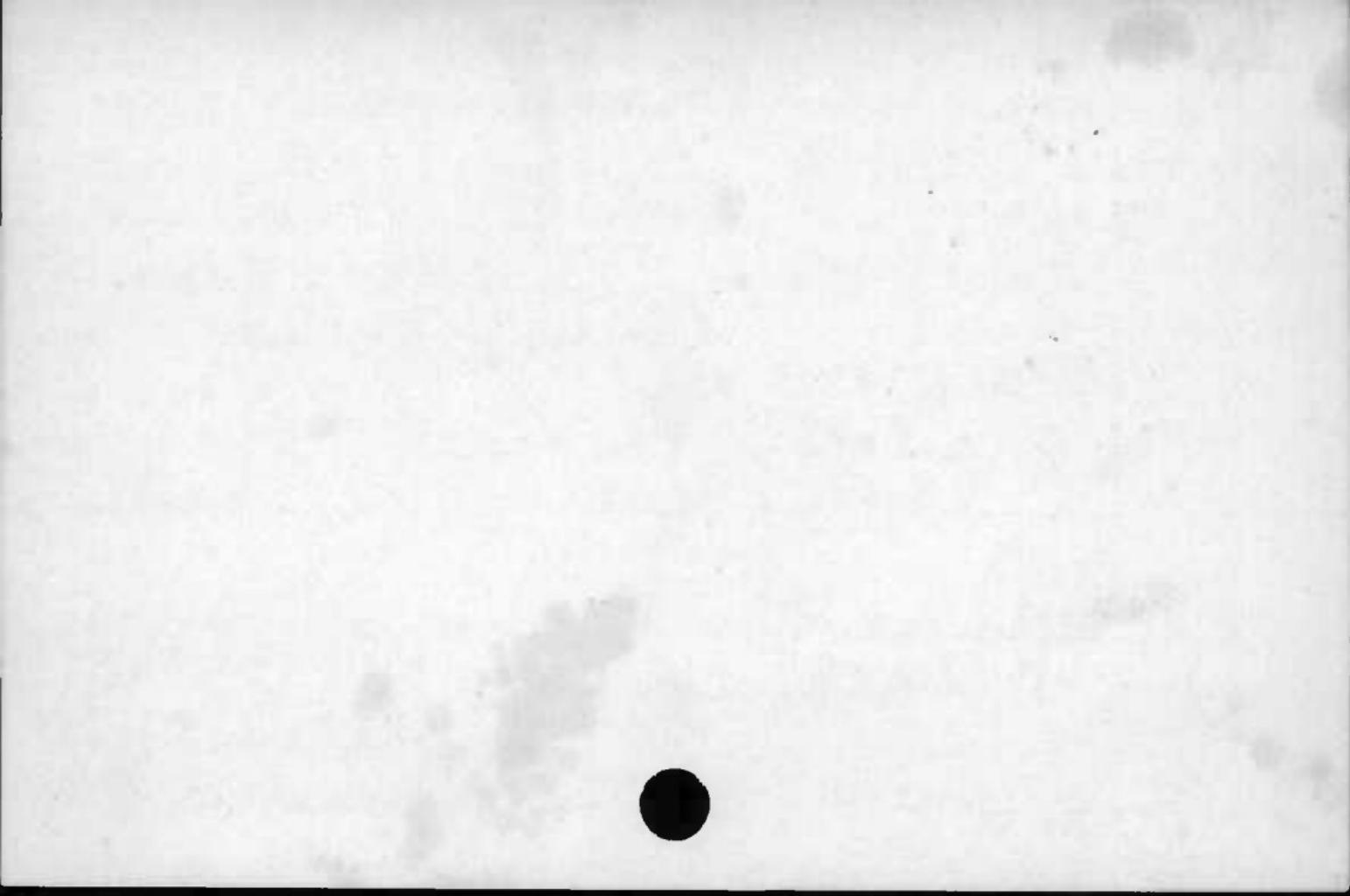
Signature of
Physician

Arthur Boyer
Marumoco

Address

Accident or Suicide?

No Physician in attendance MD



Name
in
Full

Edward W. Dauenzel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Tow	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	4	32	3	-
Sex	Male	Color or Race	white	Birth-place	Death place
Occupation	Waterman	Where Residing If not at place of death	Deal Island		
Married, Single or Widowed	Married	Name of Wife or Husband	Julia S. Smith		
Father's Name	Wm Dauenzel	Father's Birthplace	Virginia		
Mother's Maiden Name	Charlotte J. Price	Mother's Birthplace	Deal Island		
Name of person giving information	Addie T. Dauenzel	How related to deceased	sister		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Typhoid Fever (1)
Arthritis

Primary

How long

23 days-

Immediate

How long

5 days-

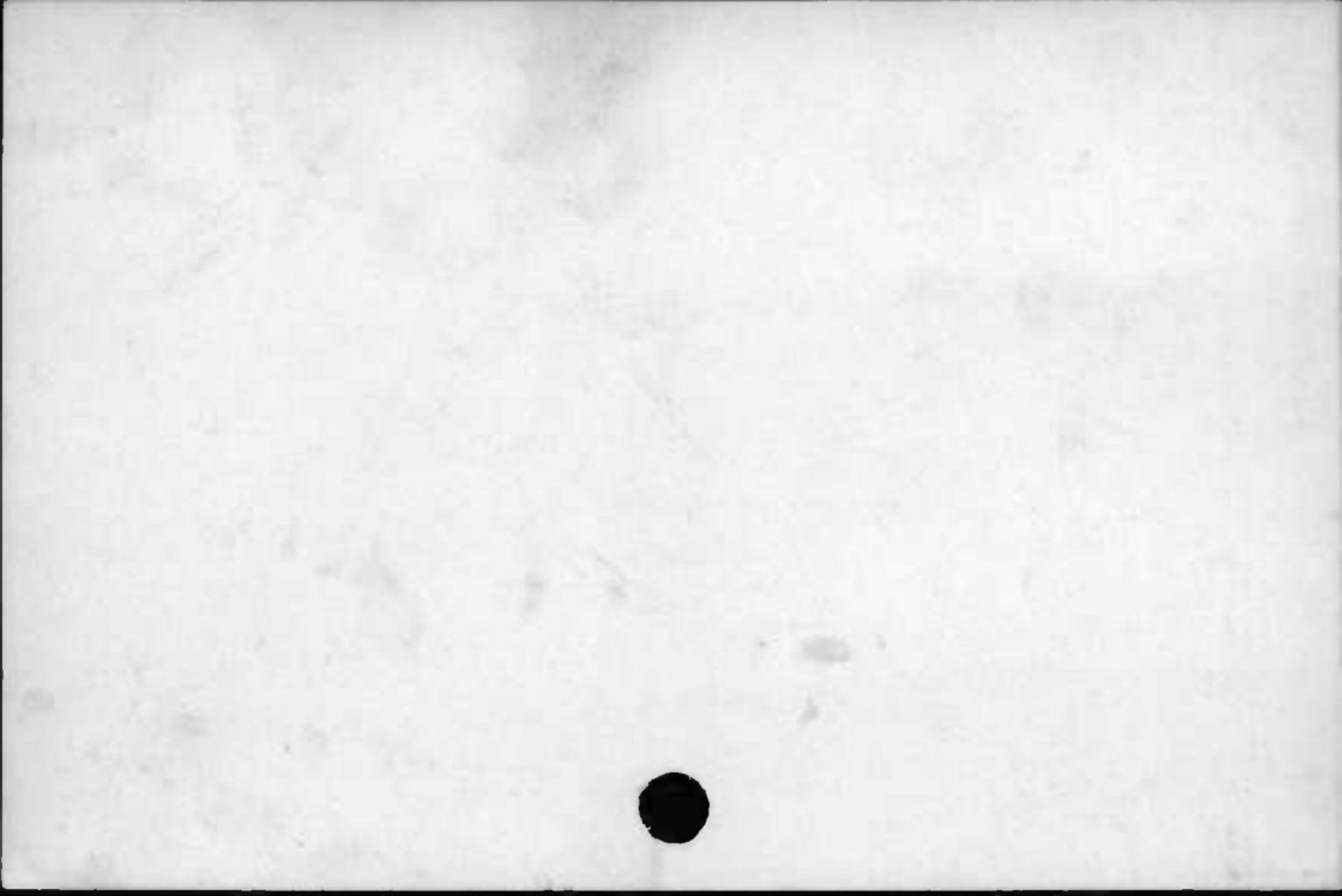
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. F. Alexander
Somerset Co.

Accident or Suicide?



Name
in
Full

Naomie Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>not Vernon</u>		County <u>Sussex</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Judy</u>	Day <u>19</u>	Years <u>28</u>	Months <u>-</u>	Days <u>-</u>
Sax <u>Festal</u>	Color or Race <u>white</u>	Birth-place <u>not Vernon.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Jolene Green</u>				
Father's Name <u>Wm. T. Surface</u>				Father's Birthplace <u>Ned.</u>	
Mother's Maiden Name <u>Sallie Murray b/w</u>				Mother's Birthplace <u>Ned.</u>	
Name of person giving Information <u>Jolene T. Surface</u>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary & Bronchial Tuberculosis

, How long

12 mos.

Immediate

Asthma.

, How long

several days

Are the name, age, sex, color, date
and place correctly given above?

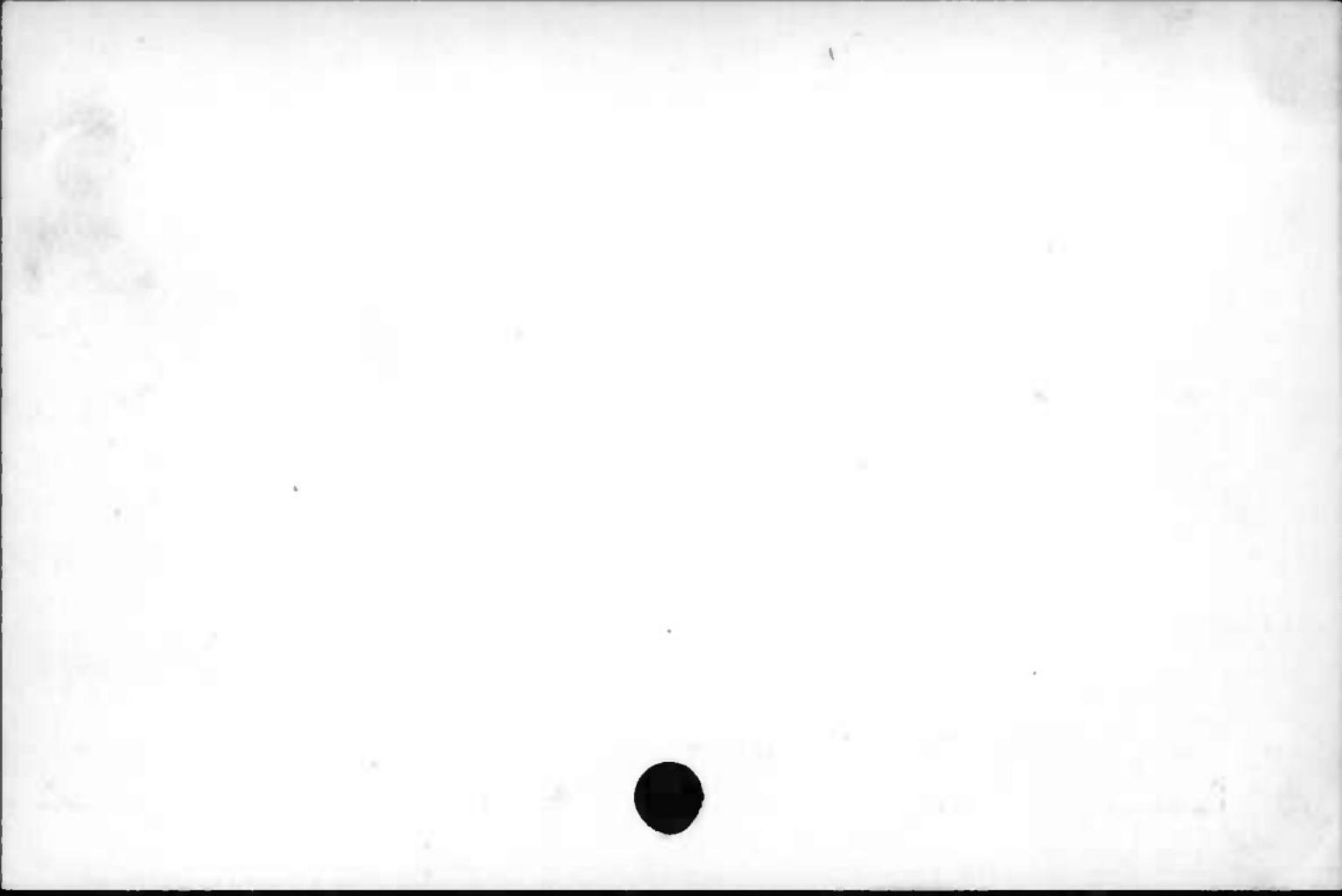
Signature of
Physician

Chas. G. Foster, M.D.

Address

Princess Anne, Md.

Accident or Suicide?



Name
in
Full

Geo. Edw. Horsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Habnab</u> Town		County <u>Somerset</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>11</u>	Years <u>Age 26</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Edw. Horsey</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Sarah E. Hale</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Rabit Jones</u>	How related to deceased <u>Niece.</u>				

CAUSES OF DEATH

Primary

Typhloid Fever

How long

3 1/2 wks.

Immediate

Intestinal Haemorrhage

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

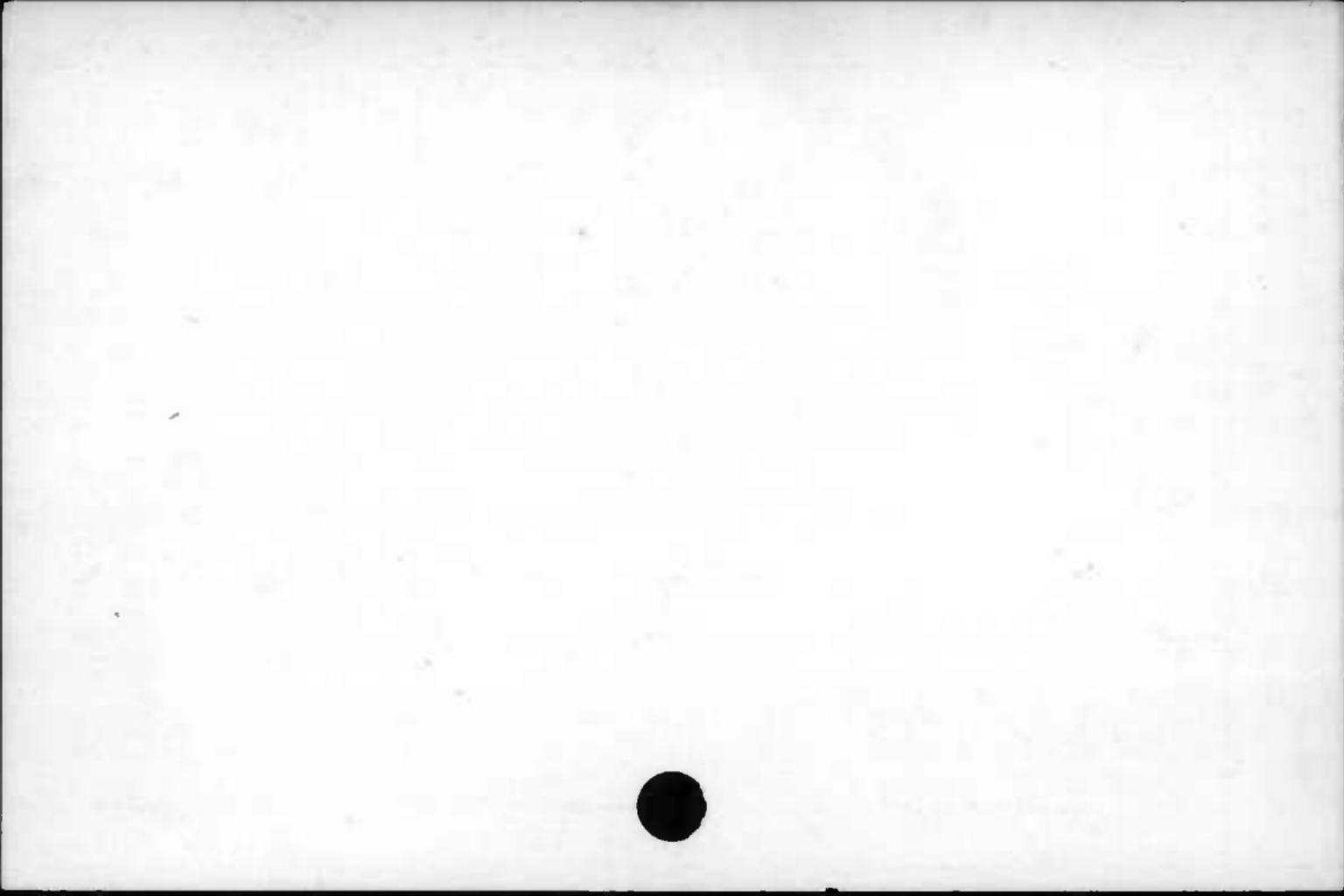
Signature of Physician

Chas T Fisher, M.D.

Address

Princess Anne, Md.

Accident or Suicide?



Name
in
Full

Mary S. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	84	9
Occupation	Lady	Where Residing if not at place of death			-
Married, Single or Widowed	Widow	Name of Wife or Husband	- Harry F. Johnson		
Father's Name	John. Cullen	Father's Birthplace			Hopewell, Md.
Mother's Maiden Name	Patty Ward	Mother's Birthplace			Hopewell, Md.
Name of person giving Information	Mr Willie J. Thomas	How related to deceased			Daughter

CAUSES OF DEATH

Primary

Soffitting of Brain 65 How long 3 years

Immediate

Diarrhoea How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yer

Signature of Physician

Address

W. F. Thomas.

Overfield, New

Accident or Suicide?

n



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month July	Day 5'	Years 17	Months	Days
Sex	Female	Color or Race	Black			
Occupation	School girl	Where Residing if not at place of death Marion				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Elijah Oulen			Father's Birthplace	Marion Md	
Mother's Maiden Name	Julia Williams			Mother's Birthplace	Somerset Co	
Name of person giving information	Elijah Oulen			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion.

How long

5 months

Immediate

Heart failure

104

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

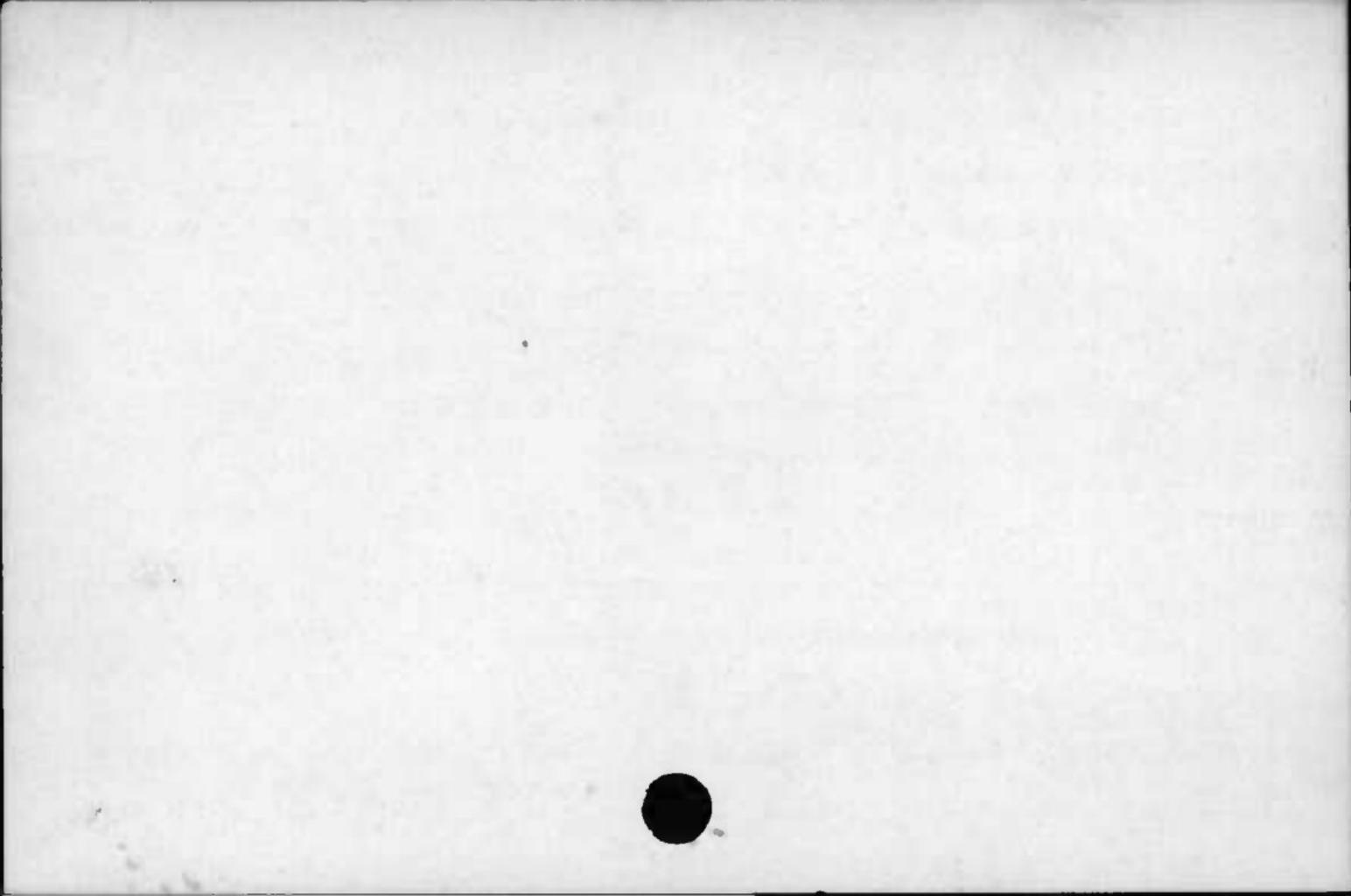
Signature of Physician

E J Oulen (Father)

Address

Accident or Suicide?

No physician in attendance



Name
• In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	1906	Month July	Day 20	Years	Months Days
Sex	female	Color or Race	white	Birth-place	Anne Co., Md.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Md.
Father's Name	Audis Powell			Mother's Birthplace	Md.
Mother's Maiden Name	Annie Bridgell			How related to deceased	Father
Name of person giving information	Audis Powell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus infantil 179 Since Birth
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

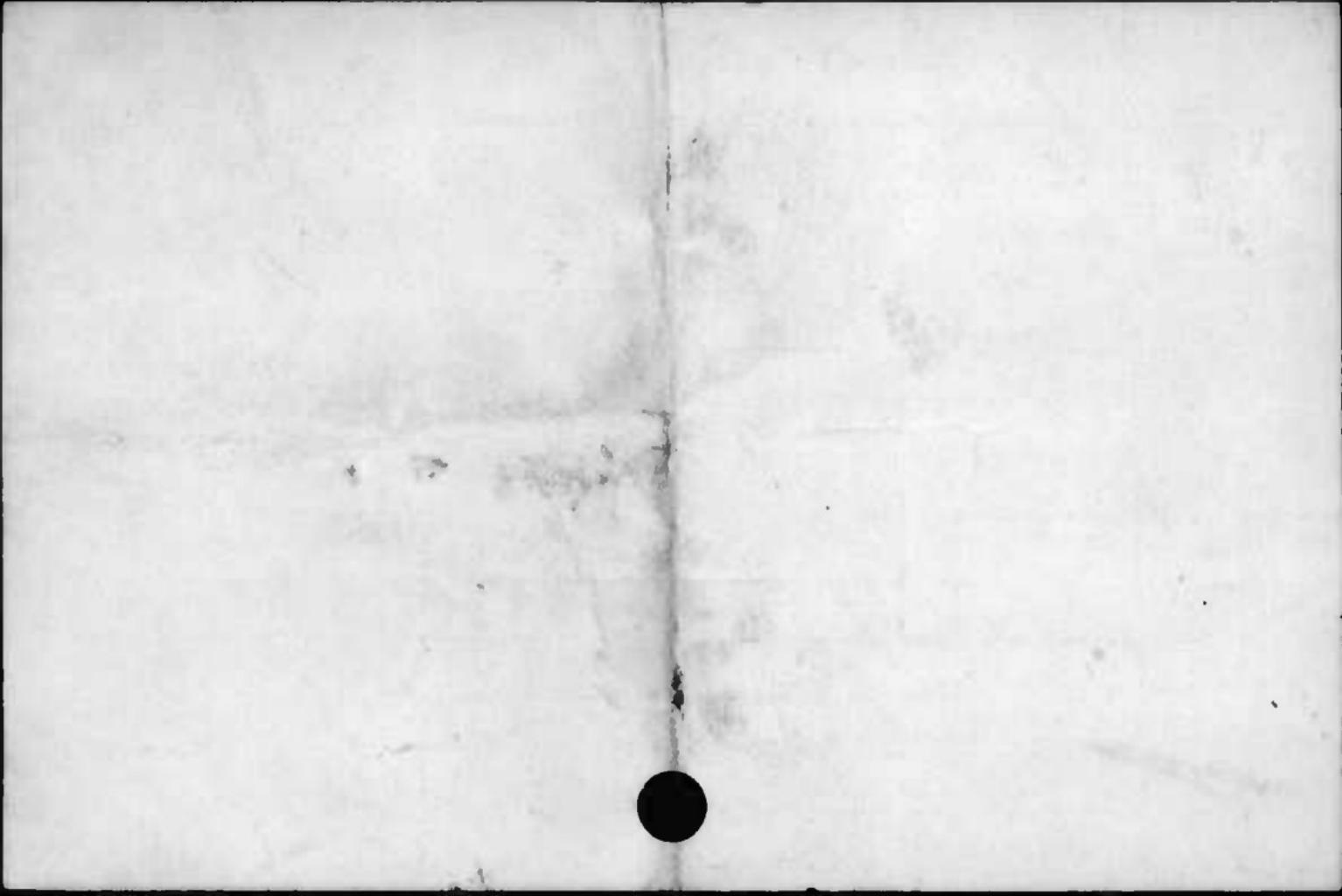
Yes

Signature of Physician

Address

McWhorter, M. D.
Baltimore City

Accident or Suicide?



Name
in
Full

Major Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Chance	Somerset					
Date of death 1906	Month July	Day 23rd	Years 65	Age -	Months	Days
Sex Male	Color or Race Caucasian	Birth-place Son. Co.				
Occupation Dry Goods Man	Where Residing if not at place of death -					
Married, Single or Widowed Widower	Name of Wife or Husband -					
Father's Name Emanuel Price	Father's Birthplace Son. Co.					
Mother's Maiden Name Eliza Wright	Mother's Birthplace Son. Co.					
Name of person giving Information John F. Price	How related to deceased Son					

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

2 yrs.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

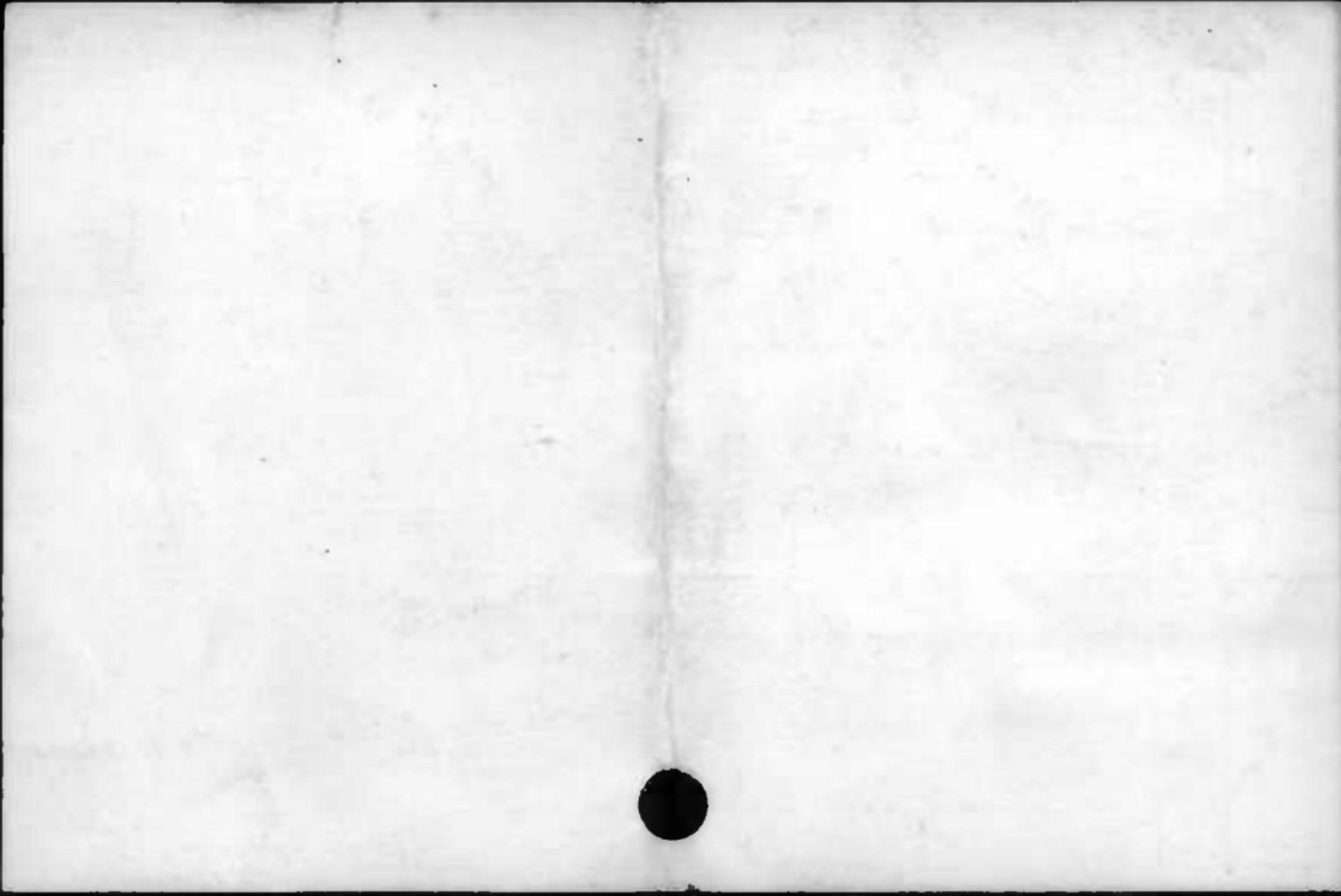
Yes

Signature of Physician

Address

S. J. Windsor, Md.
Tuberculosis Center,
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Daughlin of Lee Reggin. (one of triplets) 7/18/1907

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	24	—	—	6 hrs
Sex	Color or Race	Age	Birth-place		
Female	white	—	Shelltown		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lee Reggin				
Mother's Maiden Name	Nona Ennis				
Name of person giving Information	Eugene Broughlin				
CAUSES OF DEATH					
Primary	(5)			How long	
Immediate	Died 6 hrs after birth			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			None in attendance		
			Address		

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

Son of Lee Ruggin (one of Soppledis) 1/18/11 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Sheetown
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lee Ruggin				
Mother's Marden Name	Nona Eulie				
Name of person giving Information	Eugene Broughton				

CAUSES OF DEATH

Primary

How long

Immediate

died 6 hrs after birth

(15)

How long

Are the name, age, sex, color, date and place correctly given above?

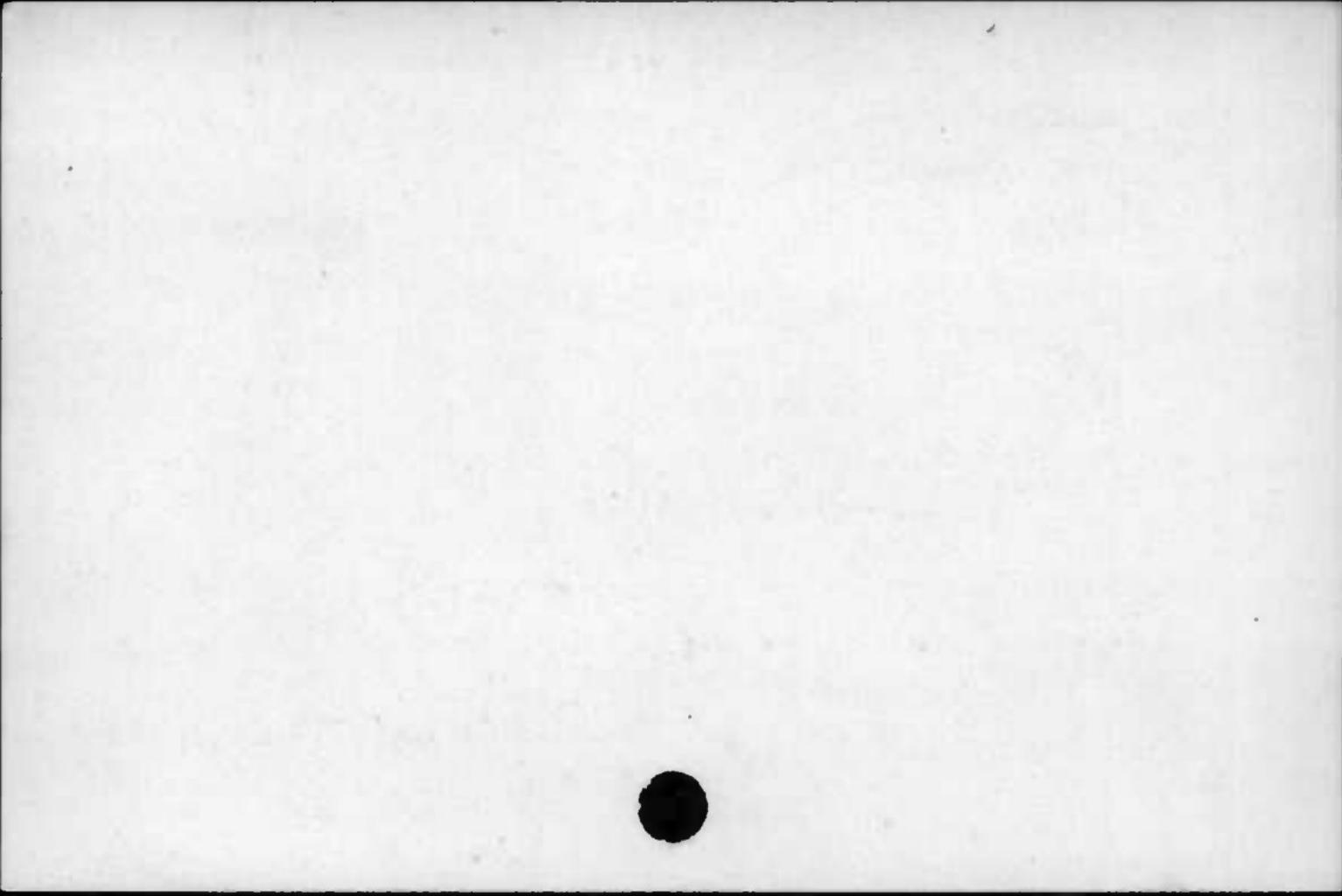
yes

Signature of Physician

Address

None in Attendance

Accident or Suicide?



Name
in
Full

Saud Lee Riggm' (one of
triplets)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month July	Day 24	Years —
Sex male	Color or Race White	Birth-place Shelltown Md	Days 6 hrs
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Shelltown		
Mother's Maiden Name	Greenbelle		
Name of person giving information	How related to deceased		

Lee Riggm' Eugen T Doughton

CAUSES OF DEATH

PHYSICIAN OR CORONER

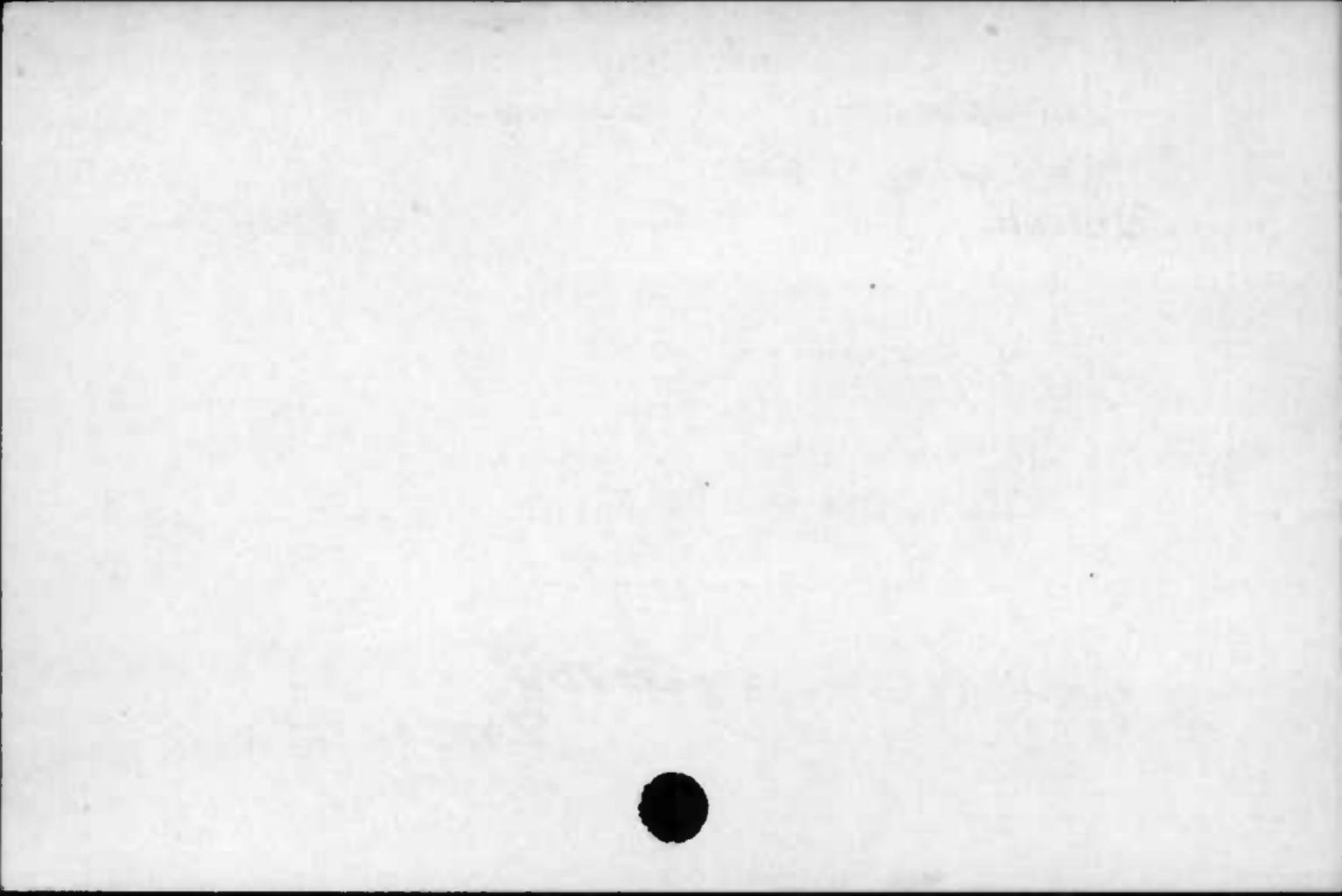
Primary

Immediate Died 6 hrs after birth (15) How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Non in Attendance

Address

Accident or Suicide?



Name
in
Full

Erene Ester Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at	Summ.	
Date of death	Month	Day
190	July	25
Age	Years	Months
Sex	Color or Race	Days
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Father's Birthplace	
Henry. T. Robinson	3rd, Md	
Mother's Maiden Name	Mother's Birthplace	
Mary. L. Erene	Md, mother	
Name of person giving information	How related to deceased	
Mrs. A. Robinson	(1) How long since birth	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis
with cerebral
atherosclerosis

(1) How long
since birth

Immediate

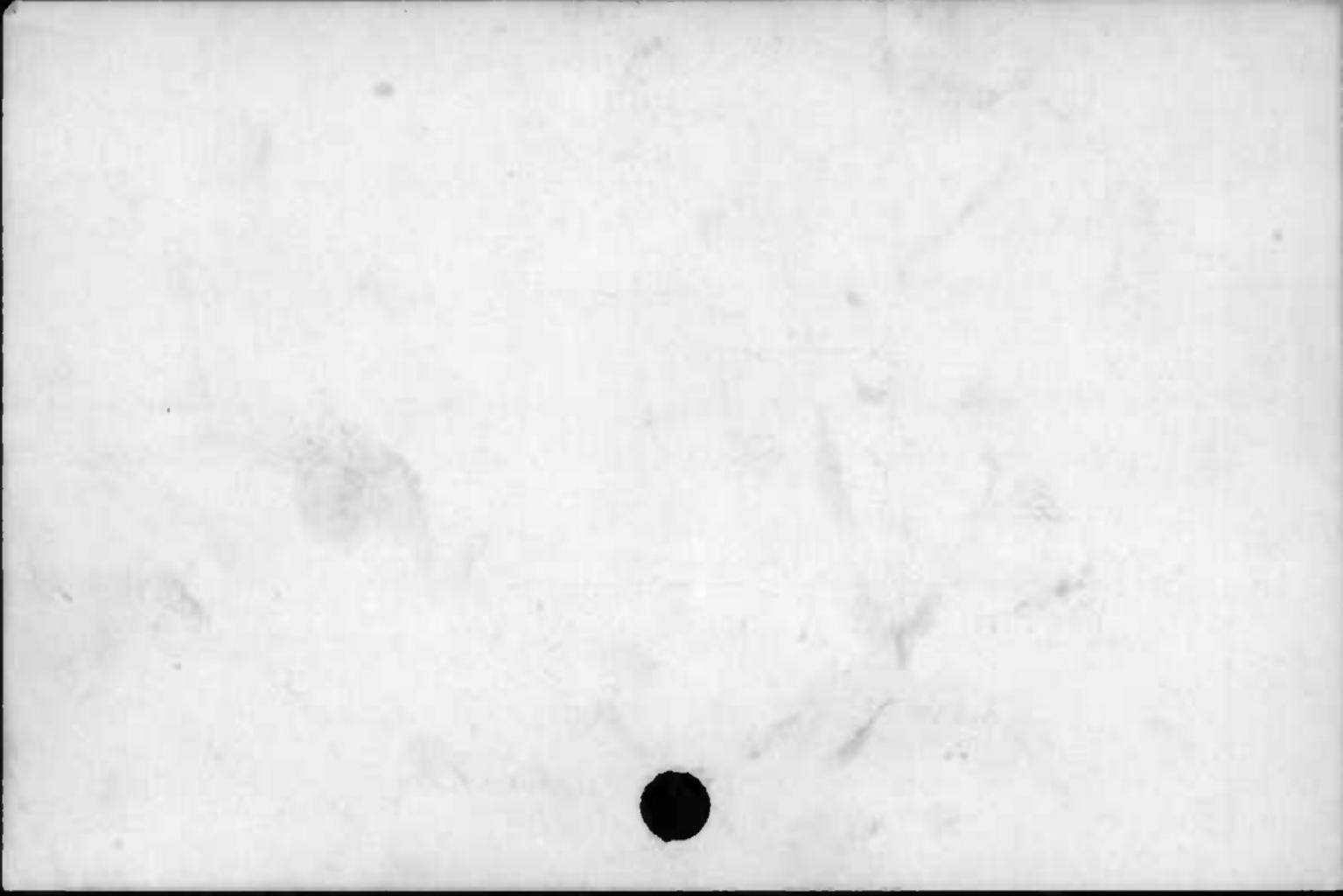
3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

George Scott alias Wm Lee

CERTIFICATE OF DEATH

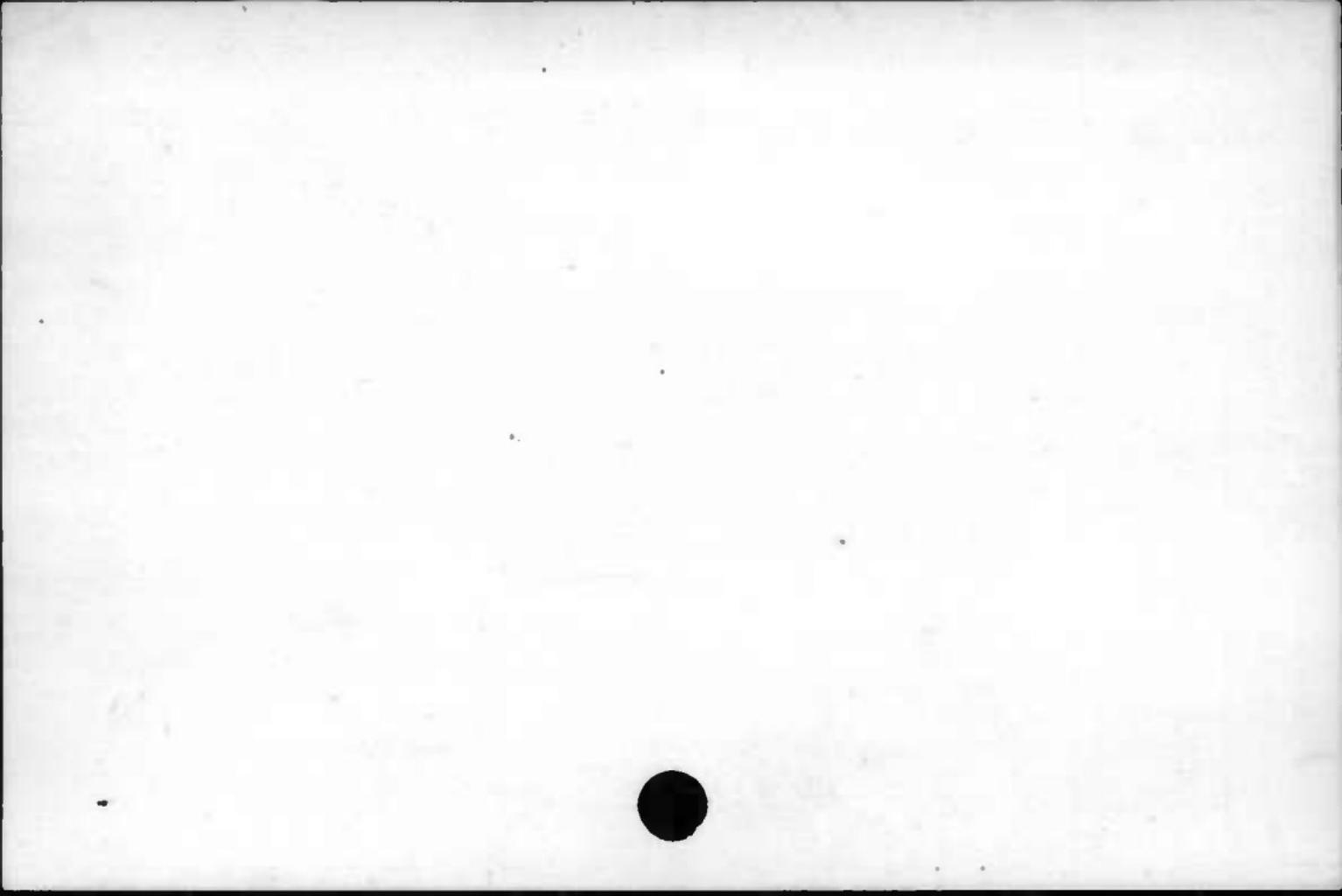
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male.	Color or Race	Age	17	-
Occupation	Sailor	Where Residing If not at place of death	Somerset Co., Md.		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John Scott	Father's Birthplace	Washington,		
Mother's Maiden Name	Washington	Mother's Birthplace	Newport News Va.		
Name of person giving information	Self.	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broken neck	(164)	How long
Immediate	Broken neck Respiratory failure	17 minutes	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. G. Fisher, M.D.
		Address	Princess Anne, Md.
Accident or Suicide?	Hanged by sheriff of Somerset County, Md.		



Name
in
Full

Sarah Priscilla Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Fairmount		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	7	27	17		5
Sex	Female	Color or Race	Bkt	Birth-place	Fairmount
Occupation	domestic		Where Residing if not at place of death	/	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm E. Smith		Father's Birthplace	Fairmount	
Mother's Maiden Name	Fannie Waters		Mother's Birthplace	"	
Name of person giving information	Wm E. Smith		How related to deceased	Father	

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

4 Mo

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

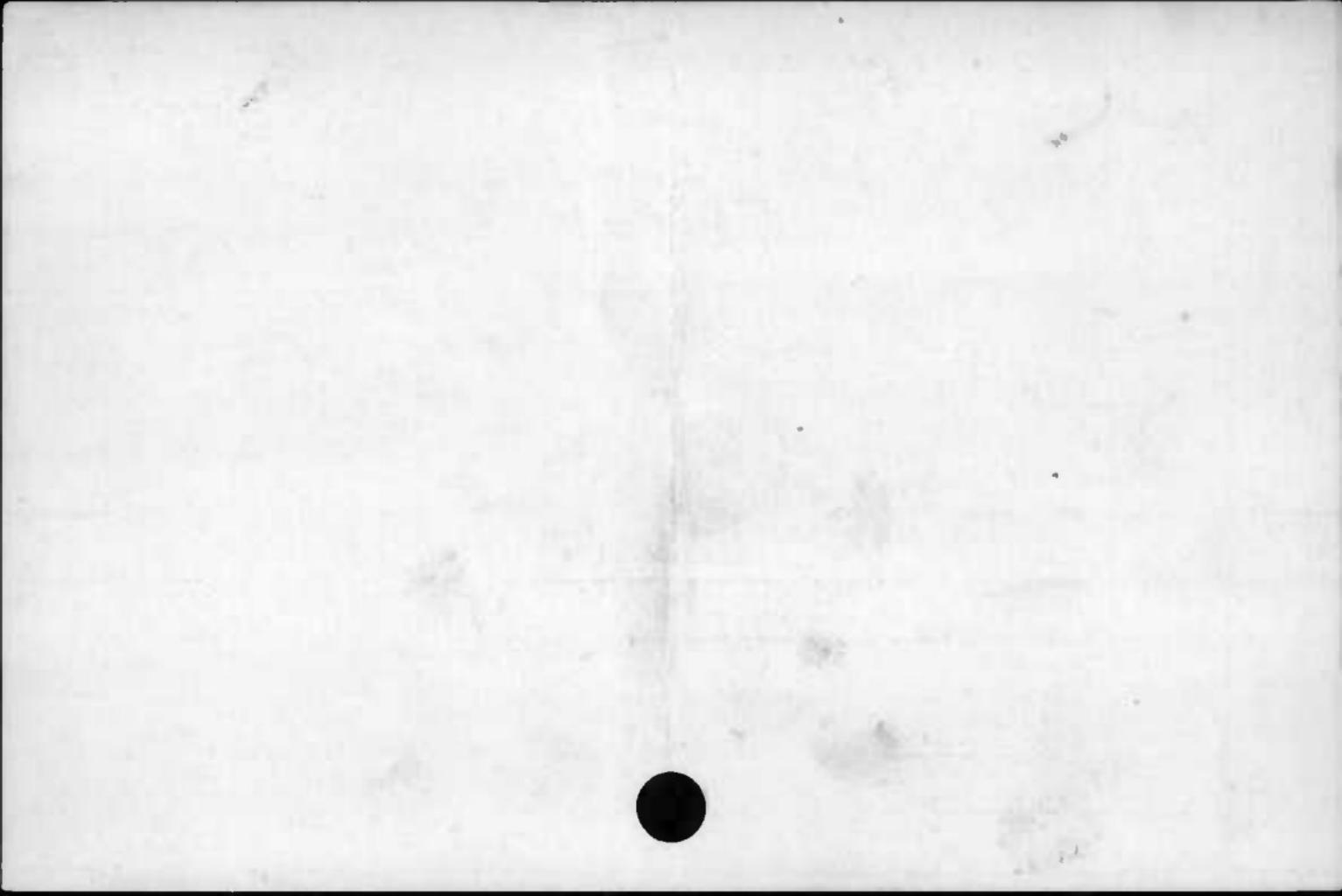
Geo H. Hall

Manokin P.O.

(undertaker)

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name <u>Hiram Sterling</u>				CERTIFICATE OF DEATH		
Died at	Town <u>Manor St.</u>	County <u>Somerset</u>	MARYLAND			
Date of death	Month <u>July</u>	Day <u>14</u>	Age <u>68</u>	Months <u>—</u>	Days <u>—</u>	
Sex	<u>Male</u>	Color or Race <u>Black</u>	Birth- place <u>Somerset Co</u>			
Occupation	<u>Farmers</u>					
Married, Single or Widowed	<u>Married</u>	Name of Wife or husband <u>Maria Sterling</u>	Where Residing if not at place of death			
Father's Name	<u>Stephen Stony</u>					
Mother's Maiden Name	<u>Leah Hanby</u>					
Name of person giving Information	<u>Joseph Anderson</u>					

CAUSES OF DEATH

Primary <u>Retention of urine</u>	(12)	How long <u>—</u>
Immediate <u>Uremia</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Spencer Bourne, M.D.</u>
		Address <u>Bisfield, Md.</u>

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

L'envood Sterling
Lawsonia Somerset

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at Lawsonia	Somerset				
Date of death 1906	Month July	Day 30	Years —	Months 2	Days —
Sex Male	Color or Race White	Birth-place Lawsonia			
Occupation —	Where Residing if not at place of death Lawsonia				
Married, Single or Widowed S	Name of Wife or Husband —				
Father's Name Archie Sterling	Father's Birthplace Lawsonia				
Mother's Maiden Name Marie Wilson	Mother's Birthplace Lawsonia Md				
Name of person giving information Marie Sterling	How related to deceased Mother				

PHYSICIAN
OR CORONER

Primary

Asthma
Neocolitis

CAUSES OF DEATH

105

How long —

How long

22 Days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Coulbourn
Bisfield, Md.

Accident or Suicide?



Name
in
Full

(None) Infants Syift 7/18/18 CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Kingsland	Town	County	MARYLAND		
Date of death	1906	Month 7	Day 13	Years —	Months 2	Days 10
Sex	Male	Color or Race	white	Birth-place	Kingsland	
Occupation	—			Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Somerset Co	
Father's Name	Copper Swift			Mother's Birthplace	" "	
Mother's Maiden Name	Jennie M Evans			How related to deceased	Father	
Name of person giving information	Copper Swift					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Desertion



How long

Since birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Copper Swift (Father)

Address

Herbed

Accident or Suicide?

No Physician in attendance

3d



Name
in
Full

John Logie,

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Coster Station County Somerset

MARYLAND

Date Month Day Years Months Days
of death 1906 July 22 72

Sex Male Color or Race yellow Birth-place Somerset Co Md

Occupation

Laborer

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Easter Powell

Father's Name

Whitty Logie

Father's Birthplace

Somerset Co

Mother's Maiden Name

Zillie

Mother's Birthplace

Somerset Co

Name of person giving
Information

Samuel Deal

How related
to deceased

No relation

CAUSES OF DEATH

Primary

Pneumonia

How long

a few days

Immediate

Suffocation

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

93

J J Lewellen
Pocomoke City
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Wm. R White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County					
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

Upper Fairmount Somerset

1906 July 6 89 5 23

male white

Cysterman

Married Sallie White

Carl Dorsey

Son in Law

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Apoplexy

(64)

How long

5 Days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?



Thos W. Landow

Landonsville

Md

Name
in
Full

Samuel M Wooster

CERTIFICATE OF DEATH

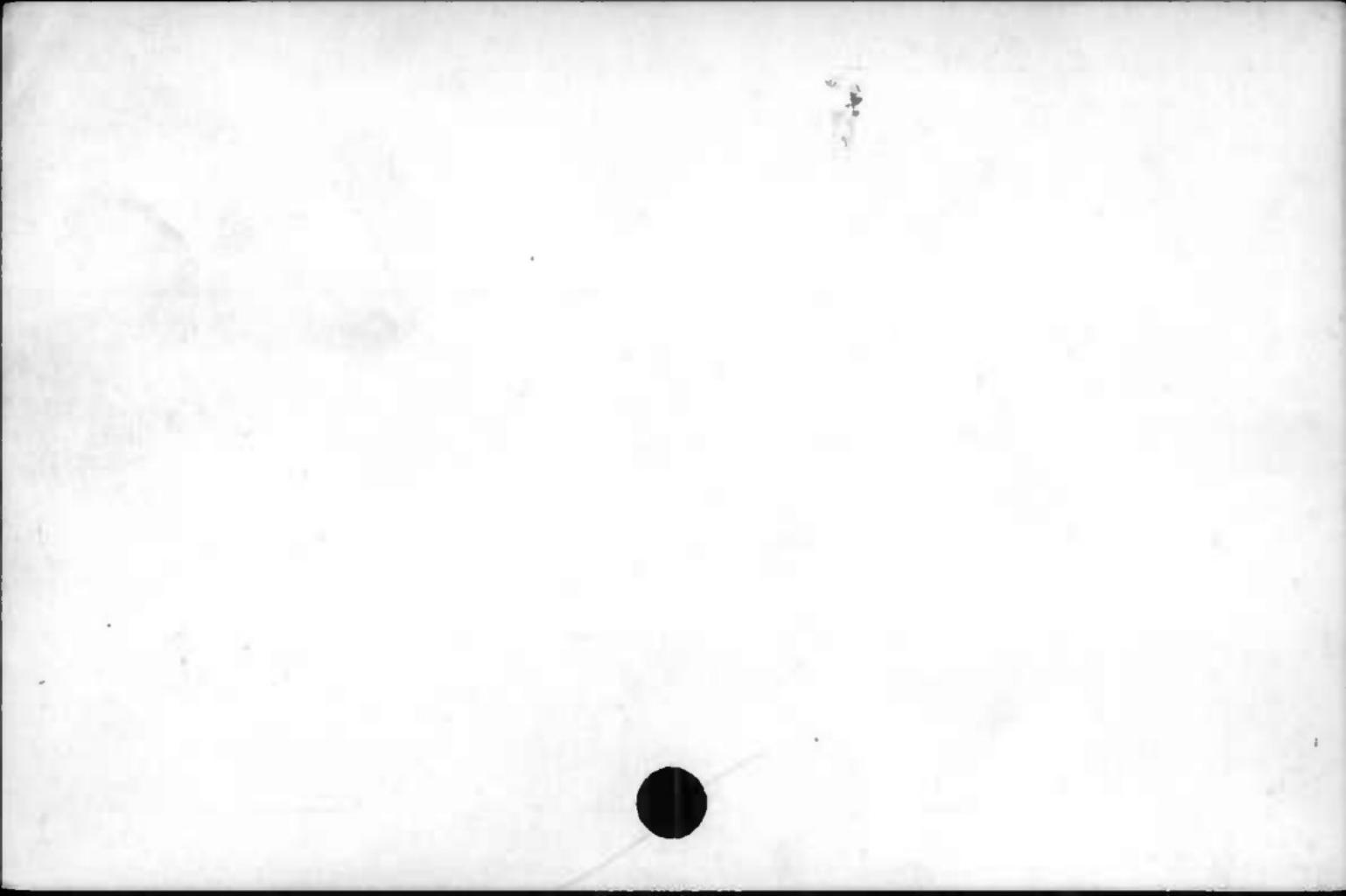
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mar. Village Gro.		
Father's Name	J. H. Wooster	Father's Birthplace	New Jersey	
Mother's Maiden Name	Don't know	Mother's Birthplace	" "	
Name of person giving information	J H Wooster	How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aprosphyx	(JH)	How long	2 days
Immediate	Paralysis	(JH)	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Samuel Wooster	
Yes		Address	Pawtucket, R. I.	
Accident or Suicide?				



Name

in
Full

Mrs. Rosana Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Boston

Somerset

Date
of death

1906

Month

July

Day

9

Years

85

Months

0

Days

0

Age

Sex

Female

Color or
Race

White

Birth-
place

Maryland.

Occupation

Dent Know

Where Residing if not
at place of death

Dent Know.

Married, Single
or WidowedName of Wife or
Husband

Thos. Henry Young

Father's
Name

Culman Wingate

Father's
BirthplaceMother's
Maiden Name

Mary Johnson =

Mother's
BirthplaceName of person giving
Information

Henry Young

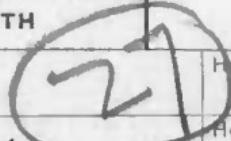
How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis

How long



Immediate

Physical Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Eddleman M.D.

Address

Westview Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

